Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>08-14-09</u>	Address:	2935 N 17 th St
Case #:	<u>96-04395</u>		Тоте <u>H</u> aute, <u>IN</u>
County:	$\underline{\text{Vigo}}$		
Type of Laboratory Seizure (check one) Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)		Seizure Location (c Residence Outbuilding Vehicle	theck all that apply) Hotel/Motel Open - No Structure Other:
Items Foun (check all the	d: Location (bedroom, kitchen, open at	_	
Child under age 18 discovered (check one) Yes (number present) No If yes, fax report to Child Protective Services This report is to be faxed to the following agencies		Investigative Information Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other:Law Enforcement	
Fire Department: Otter Creek FD Fax: 812-232-3801 Fax: 812-462-3428 Fax: Child Protection Service: For further information regarding this methamphetamine laboratory, contact investigating Officer: LD. Goldner / 5228 Phone (812)299-1153			

This form is to be included with the case life, and a copy sent to the Claudestine Laboratory Team Leader for retention.

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.